

## Foster Family Home - Corrective Action Report

Provider ID: 1-150008

Home Name: Manelyn S. Higa, CNA

Review ID: 1-150008-5

2516 Rose Street

Reviewer: Angelica Galindo

Honolulu

HI 96819

Begin Date: 2/11/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 2/11/2019.  
6.(d)(1) - Home in compliance with all requirements.

*Angelica Galindo, RN*

Compliance Manager

*MS Higa*

Primary Care Giver

*2/11/19*

Date

*2/11/19*

Date